

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90104 002 ****61.25

0091941

DOCUMENT # N94000006282

1. Entity Name

BOOTH SERVICES, INC.

Principal Place of Business

**1424 NE EXPRESSWAY
 ATLANTA GA**

Mailing Address

**1424 NE EXPRESSWAY
 ATLANTA GA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3342078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAULKNER, DONALD
 3101 LAKE ELLEN LN
 TAMPA FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **BENNETT, JOSEPH R**
 STREET ADDRESS **958 ABINGTON CT**
 CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

TITLE **D** ☒ Change ☐ Addition
 NAME **William R. N. Goodier**
 STREET ADDRESS **2880 Gravitt Rd.**
 CITY-ST-ZIP **Duluth, GA 30096**

TITLE **D** ☐ Delete
 NAME **JEFFREY, DAVID**
 STREET ADDRESS **2543 ALPINE WAY**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HAUPT, GARY**
 STREET ADDRESS **15318 WINDING CIR DR**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BUSBY, JOHN**
 STREET ADDRESS **2401 BELLE HAVEN MEADOWS COURT**
 CITY-ST-ZIP **ALEXANDRIA VA 22306**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COOPER, RAYMOND A**
 STREET ADDRESS **2269 DOGWOOD LN**
 CITY-ST-ZIP **ATLANTA GA 30345**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WARD, AL H**
 STREET ADDRESS **2543 A;PINE WAY**
 CITY-ST-ZIP **DULUTH GA 30136**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1633 Lenox Rd.**
 CITY-ST-ZIP **Atlanta, GA 30306**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee, empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR

2-11-02

Date

Daytime Phone #

CR2E037 (9/01)